



Incident Report

Print Date/Time: 04/19/2016 09:20
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007074

Incident Date/Time: 4/15/2016 1:30:24 PM
Location: SR 9 SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number: (425) 343-7683
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	NIKOLIN, VALENTINA I	3501 COLBY AVE Everett WA 982014796	(425) 343-3783		Female	08/22/1993
1	Victim	MORELAND, NANESHA V	23116 134TH ST Granite Falls WA 98252	(425) 905-4436		Unknown	11/12/1987

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

04/15/2016 : 13:32:50 SP0415 Narrative: LR415

04/15/2016 : 13:32:04 SP0415 Narrative: CC ON SIDE OF SR 9 NB, NOW, NON BLKING, NON INJ; WHI VOLVO VS. RED VW PASSAT

16-00007074, 041516 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

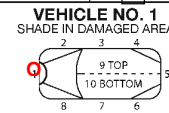
1591971

REPORT NO. **E534598**CASE # **16-00007074**LOCAL AGENCY
CODING **0664**TOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONM M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **04** - **15** - **2016** **1330** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
STATE ROUTE 9 BLOCK NO. ☒ **2000**
MILE POSTDISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐ S ☐ W **20TH ST SE**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4253433783**LAST NAME **NIKOLIN** FIRST NAME **VALENTINA** MIDDLE INITIAL **I**STREET NEW ADDRESS **3501 COLBY AVE APT 308**CITY **EVERETT** ST **WA** ZIP **982014796**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **NIKOLVI073N2** STATE **WA** SEX **F** D.O.B. **08** - **22** - **1993**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AMV5998** STATE **WA** VIN# **YV4CM592461289547**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **VOLV** MODEL **XC90** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **PAVEL NIKOLIN 7611 67TH ST NE MARYSVILLE WA 98270**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 905424776**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4259054436**LAST NAME **MORELAND** FIRST NAME **NANESHA** MIDDLE INITIAL **V**STREET NEW ADDRESS **1032 AVENUE B**CITY **SNOHOMISH** ST **WA** ZIP **982902040**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **MORELNV131QK** STATE **WA** SEX **F** D.O.B. **11** - **12** - **1987**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **AQN4166** STATE **WA** VIN# **WVWND23B9YE238141**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2000** MAKE **VOLK** MODEL **PASSW** STYLE **SW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **NANESHA MORELAND 23116 134TH ST NE GRANITE FALLS WA 98252**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **VERN FONK H2179882**VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534598**CASE # **16-00007074**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NIKOLIN SOPHIA R																
ADDRESS & PHONE # 3501 COLBY AVE APT 308 EVERETT WA 982014796 4253433783										SEX F	D.O.B. MMDDYYYY 03	-	21	-	2015			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		NIKOLIN ELLA M																
ADDRESS & PHONE # 3501 COLBY AVE APT 308 EVERETT WA 98201										SEX U	D.O.B. MMDDYYYY 07	-	08	-	2013			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		MORELAND MATTEE M																
ADDRESS & PHONE # 23116 134TH ST NE GRANITE FALLS WA 98252										SEX U	D.O.B. MMDDYYYY 07	-	05	-	2007			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped for the traffic signal in the inside lane going northbound on SR 9 at 20th St SE. Unit 1 was also traveling northbound on SR 9 in the inside lane and failed to see Unit 2 was stopped and rear-ended Unit 2. There were no reported injuries during the investigation and both vehicles were driven away from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
04-16-16 09:13 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/16/2016 5:50:37 PM

BADGE OR ID #	0075	ORI #	WA0311900	TIME POLICE DISPATCHED	1:30 PM	TIME POLICE ARRIVED	1:36 PM
---------------	-------------	-------	------------------	------------------------	----------------	---------------------	----------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E534598**CASE # **16-00007074**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MORELAND ADALYNN M																
ADDRESS & PHONE # 1032 AVENUE B SNOHOMISH WA 982902040 4259054436										SEX F	D.O.B. MMDDYYYY 01	-	20	-	2012			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped for the traffic signal in the inside lane going northbound on SR 9 at 20th St SE. Unit 1 was also traveling northbound on SR 9 in the inside lane and failed to see Unit 2 was stopped and rear-ended Unit 2. There were no reported injuries during the investigation and both vehicles were driven away from the location.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-16-16 09:13 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/16/2016 5:50:37 PM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

1:30 PM

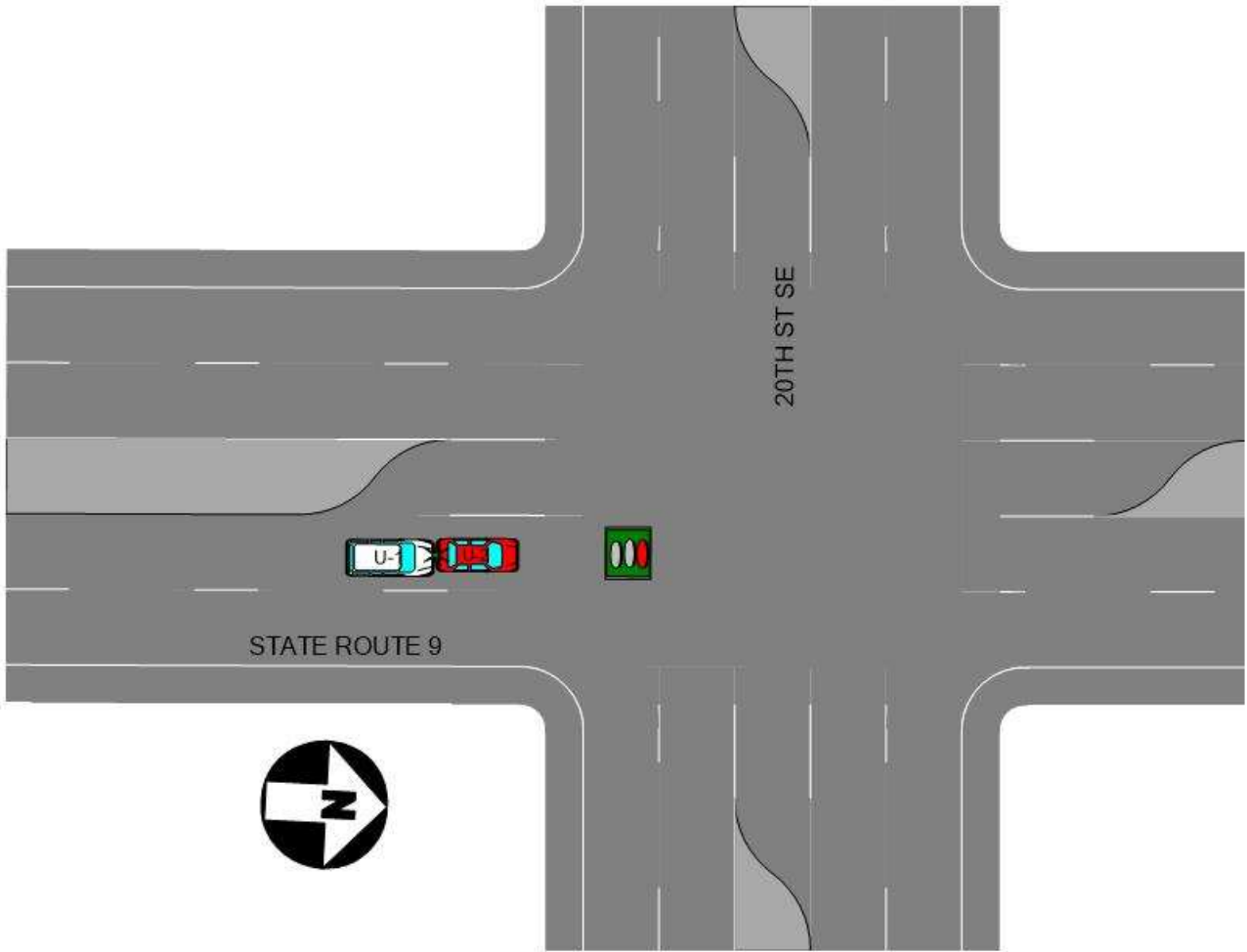
TIME POLICE ARRIVED

1:36 PM

REPORT NO. E534598

CASE # 16-00007074

DATE AND TIME
OF COLLISION 04/15/16 13:30





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00007004VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Nikolin Valentina I</u>			RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>8-22-93</u>	AGE <u>22</u>	HGT <u>5'3"</u>	WGT <u>135</u>	HAIR <u>B</u>	EYES <u>B</u>
STREET ADDRESS <u>7611 67th St NE</u>					CITY <u>Marysville</u>		STATE <u>WA</u>		ZIP <u>98270</u>		
HOME PHONE			CELL PHONE <u>4253437683</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL) <u>valyavuser@yahoo.com</u>						PLACE OF EMPLOYMENT					

STATEMENT:

was driving behind a vehicle in the left lane
and got distracted and rear ended the
vehicle in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Valentina Nikolin</u>	DATE SIGNED: <u>4-15-16</u>
OFFICER/NUMBER: <u>C. Chute #15</u>	DATE SIGNED: <u>4/15/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
HEALTHY, AND PROSPEROUS COMMUNITY"



NON-DISCLOSURE

OUR MISSION STATEMENT: *"WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"*